

Application for One-Day Special Liquor License (Rev 11/21)

Town of Cummington

To: Cummington Licensing Board
Board of Selectmen
P.O. Box 128
Cummington, MA 01026

Name of Person in Charge _____

Name of Organization _____

Street Address _____

Mailing Address _____

Telephone _____ Email _____

For profit _____ Not for profit _____

Where will it be held _____

Date and Hours of Event _____

Type of Event _____

Type of alcohol to be served (check one): Beer & Wine ___ Wine ___ Beer ___

All Alcohol _____

I hereby certify under the pains and penalties of perjury that the above is true and accurate information, and that I will be responsible for the proper observance of the laws governing the dispensing of such alcoholic beverages.

Signature: _____ Date: _____

Print Name: _____

For Official Use Only

Police Acknowledgement:

Signature: _____ Dated: _____

Name: _____ Position: _____

Security Requests/Concerns: _____

Board's Action:

Granted _____ Date of Approval _____ Rejected _____

Restrictions/Conditions/Remarks: _____
